

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/762805

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		2		/		
5		2		/		
6		7		/		
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TOTAL IND.	2		2			
TOTAL DEP.	12		10			
TOTAL CLAIMS	14		12			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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